



NC Department of Health and Human  
Services

## NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

December 11, 2020

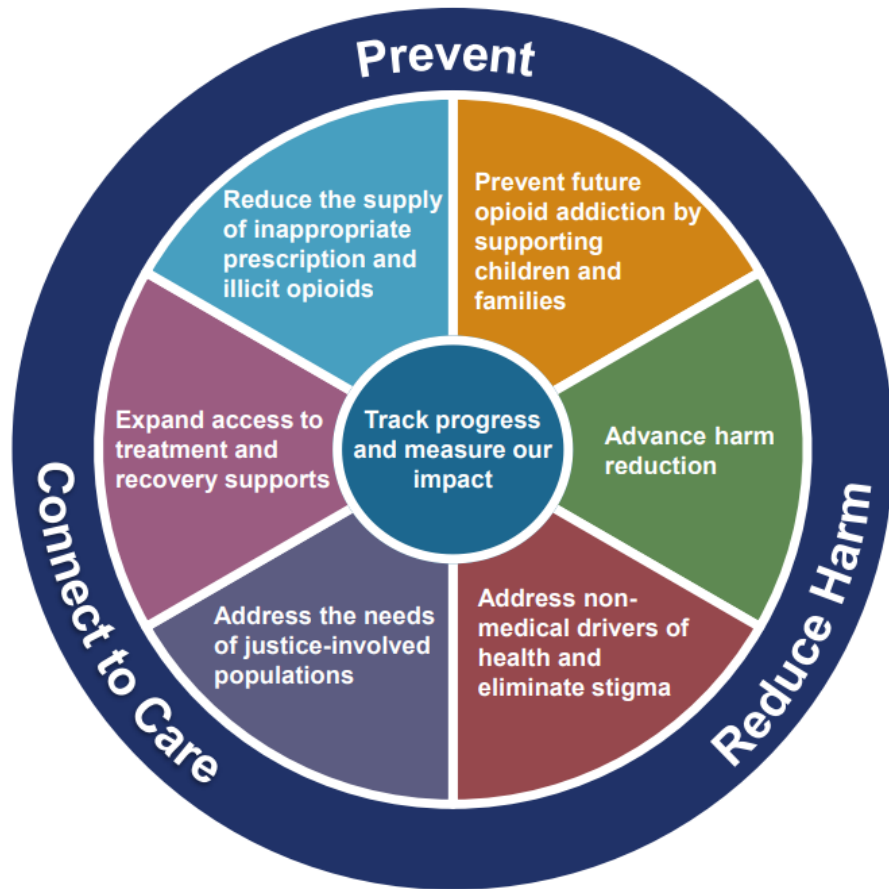
# Welcome to OPDAAC!

- We will start promptly at 10:00AM!
- For questions during the meeting:
  - Please put your questions in the chat box, which will be monitored for the duration of the meeting.
  - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.
- The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page
  - <https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory>
  - Please note, it can take up to 7 days for materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

# DHHS Justice-Involved Program Updates and Funding Opportunities

*Elyse Powell*

# Opioid Action Plan 2.0



## Connect to Care

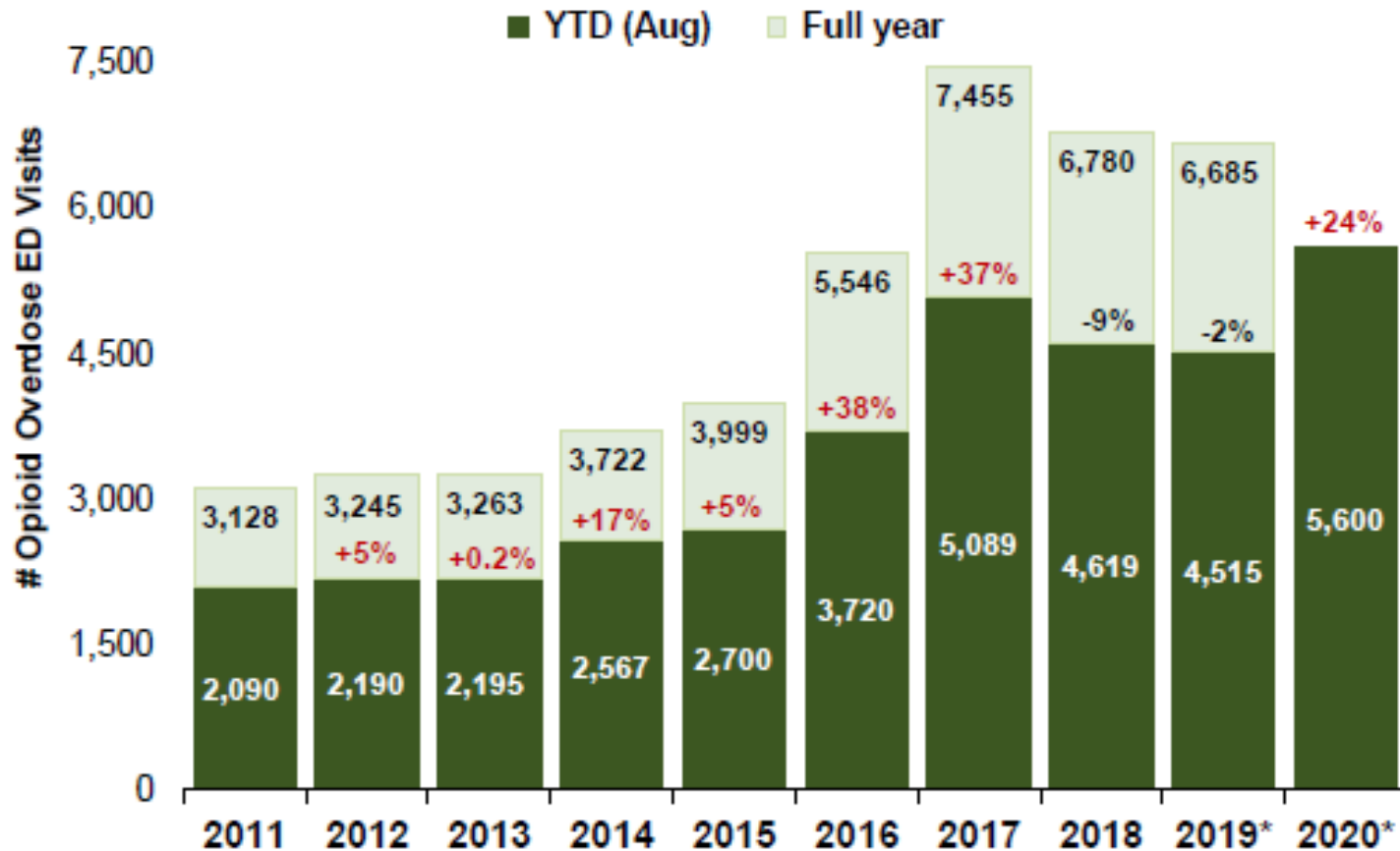


AN ESTIMATED **89% OF PEOPLE** DON'T RECEIVE THE SUBSTANCE USE DISORDER TREATMENT THEY NEED.



PEOPLE ARE **40 TIMES MORE** LIKELY TO DIE OF AN OVERDOSE IN THE TWO WEEKS POST INCARCERATION THAN THE GENERAL POPULATION.

# In 2020, there was a 24% increase in opioid overdose ED visits



**Note:** All intents opioid overdose cases within ICD10CM codes (T40.0-4, T40.6, T40.69), initial encounters only.

**Source:** NC DETECT ED Visits, provisional data 2019-2020.

# Forecasted Grant Opportunities

- **Opioids & COVID-19: Supporting Justice-Involved Individuals with SUD during COVID-19**
  - Due **December 14<sup>th</sup>**
    - Create and expand pre- and post-arrest diversion programs  
Create re-entry programs
    - OR they may apply for to act as a technical assistance provider
- **Bureau of Justice Assistance's Comprehensive Opioid Abuse Program (COAP) grant.**
  - Will be posted **Mid-January**
    - Pre-arrest or pre-conviction diversion programs
    - Comprehensive jail-based medication assisted treatment programs that provide medication assisted treatment (MAT)
    - Overdose prevention education and naloxone distribution programs

# The Sequential Intercept Model and Sequential Intercept Mapping

***Bob Kurtz***

# What I'll discuss

- The Sequential Intercept Model
  - Its history and development
  - A tour of the various stages in the model and some examples of interventions at each stage
  - How it can be used as a planning tool through Sequential Intercept Mapping
  - How might SIM be used to address the opioid crisis?



# Background

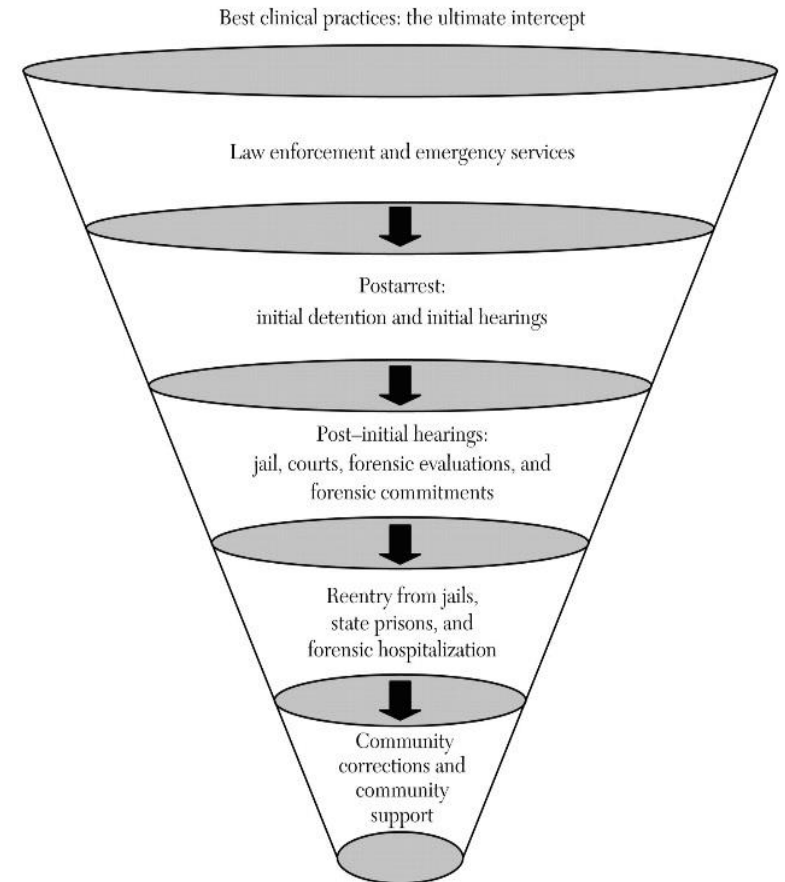
- High rates of people with behavioral health disorders in jail, especially MI/SUD.
- Problems result when they end up in jail but don't really belong there.
  - Treatment may be delayed
  - Coordination of care may be difficult
  - Often cycle of repeated arrests and incarceration that uses scarce resources for no good outcome
  - Sets back recovery gains
  - Are a risk for the county (suicide, COVID-19, lawsuits, etc.)

# Sequential Intercept Model as a Series of Filters

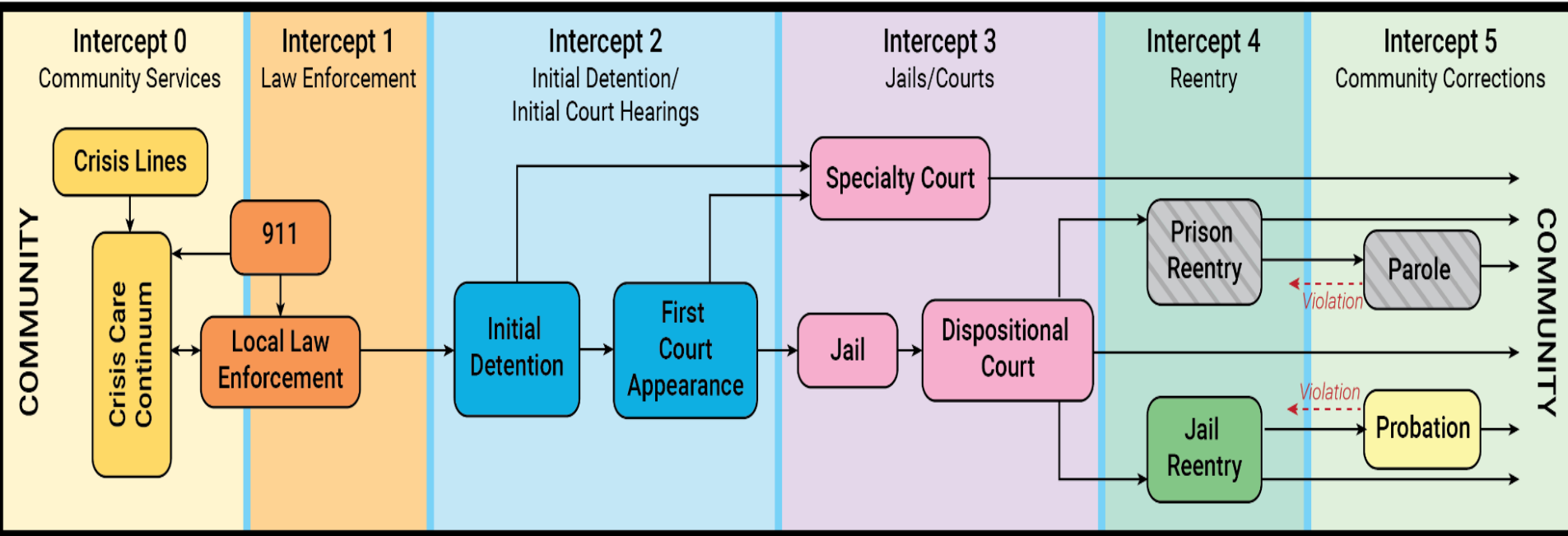
- **Intercept 0:** Community crisis services
- **Intercept 1:** Law enforcement and emergency services
- **Intercept 2:** Post-arrest & initial hearings
- **Intercept 3:** Jails & Courts
- **Intercept 4:** Re-entry from Jail
- **Intercept 5:** Community Corrections - Probation & community support

*Figure 1*

The Sequential Intercept Model viewed as a series of filters



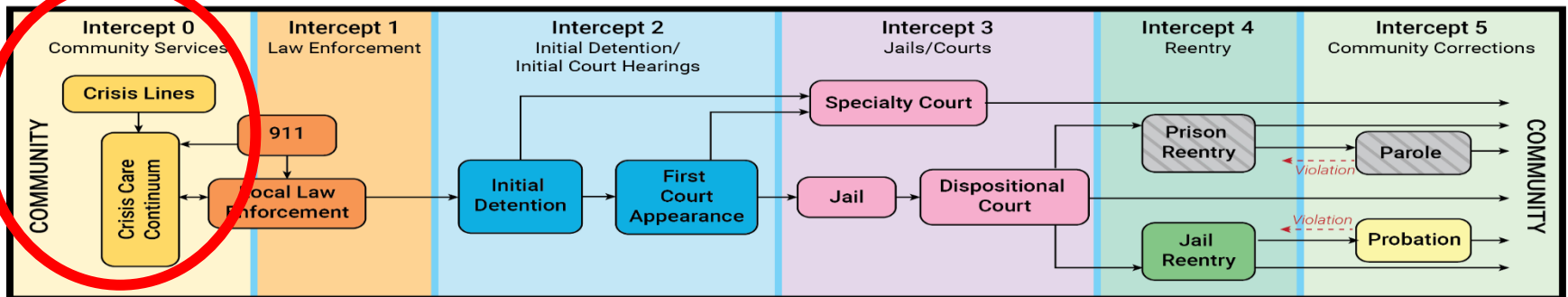
# Sequential Intercept Model



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# Intercept 0: Community Services

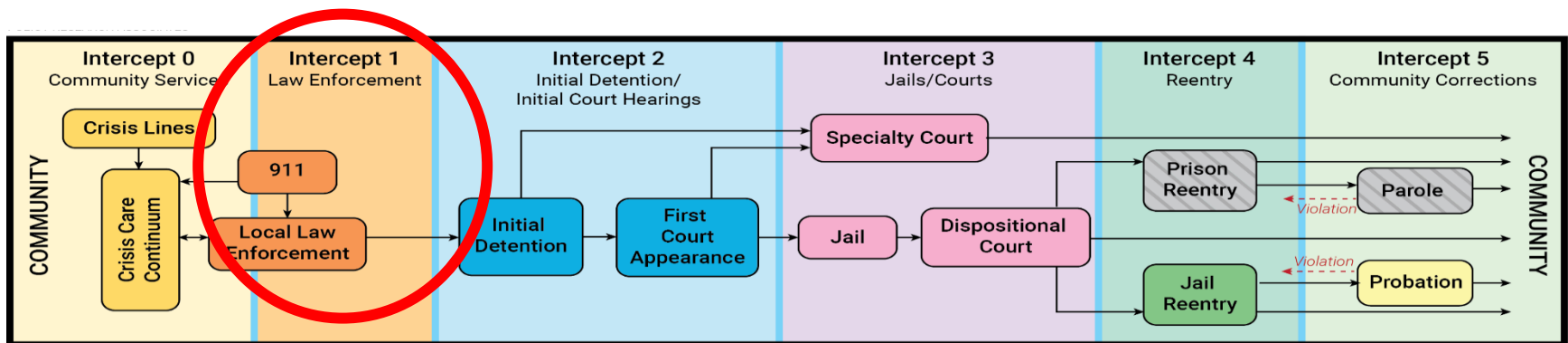
- Mobile crisis teams and co-responders
- Police-friendly crisis services
- Behavioral health providers cross-trained in working with justice-involved individuals
- Walk-in crisis centers
- Behavioral health urgent care centers
- Facility-based crisis centers



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# Intercept 1: Initial Contact with Law Enforcement

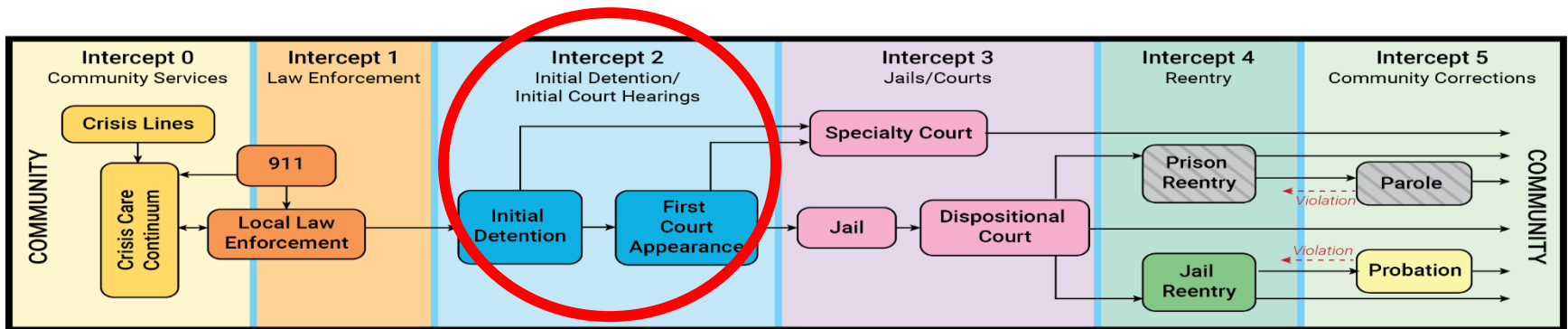
- Dispatcher training
- Specialized police responses
  - Law Enforcement Assisted Diversion (LEAD)
  - Crisis Intervention Teams (CIT)
- Intervening with “super-utilizers”
- Providing post-crisis follow-up



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# Intercept 2: Initial Hearing / Appearance in Court

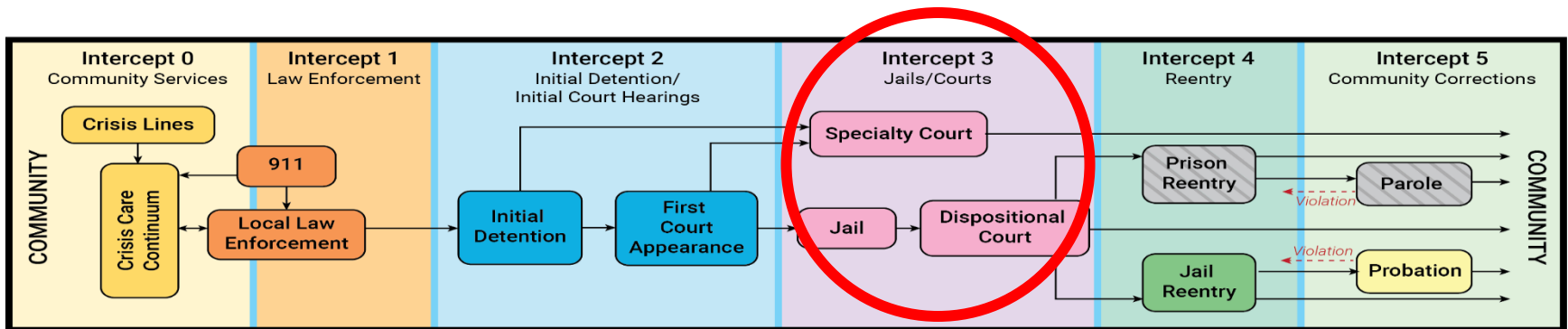
- Screening for mental illness and substance use d/o
- Pre-trial supervision and diversion to reduce episodes of incarceration for low level offenders
- Data matching initiatives between jail & community (CJ LEADS).



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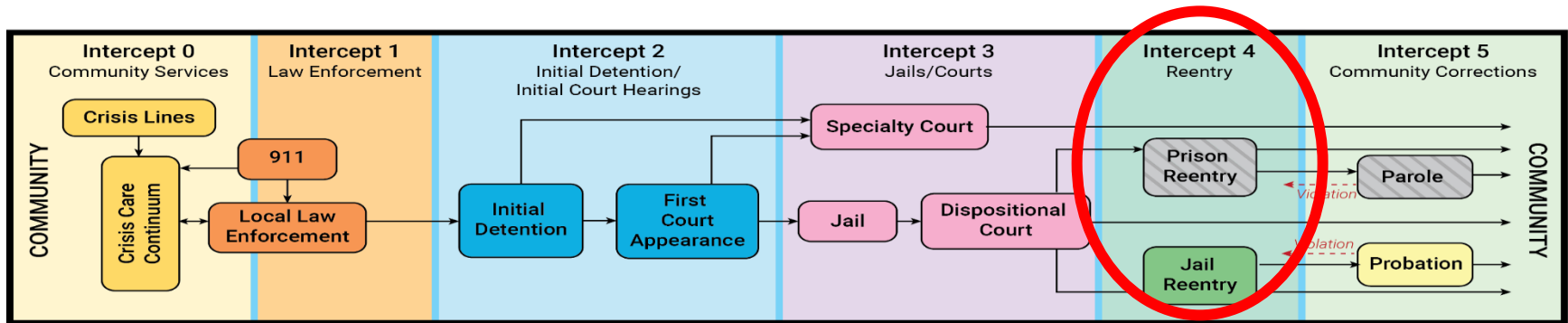
# Intercept 3: Jails and Court

- Jail-based programming and behavioral health care
- Treatment courts for high-risk / high-need individuals
- Collaboration with veteran's justice outreach specialists



# Intercept 4: Re-entry from Jail

- Transition planning by the jail or in-reach providers
- Medication and Rx upon release from jail or prison
  - Including Medication Assisted Treatment (MAT) for OUD
- Warm hand-offs from corrections to providers to increase likelihood of service engagement





# Best Practice Models for Transitioning from Jail to Community



## The TJC Model for Building a Jail-to-Community Transition System

Partnering for Jail Re-Entry Services Seminar  
Orlando, Florida  
June 13, 2013



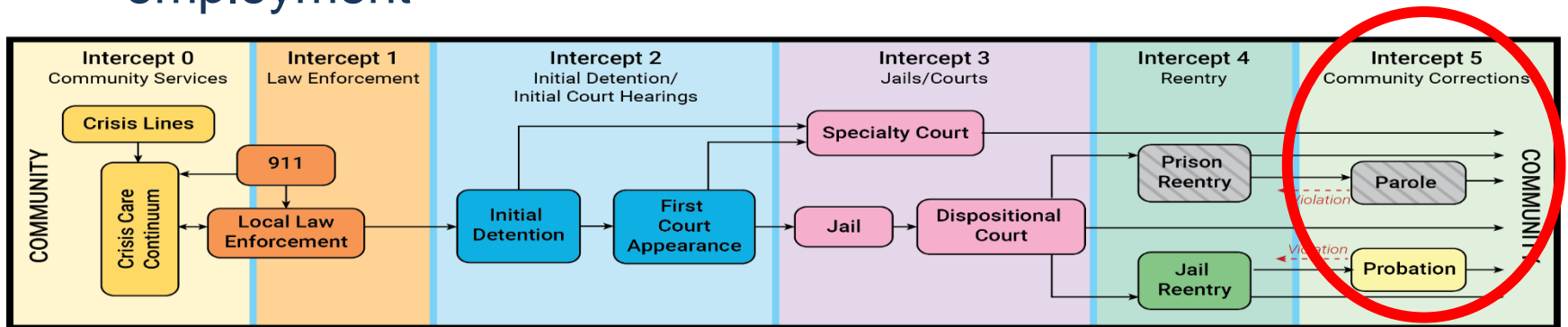
*THE URBAN INSTITUTE*  
*Justice Policy Center*



[http://www.urban.org/sites/default/files/complete\\_toolkit\\_dec\\_2013\\_0.pdf](http://www.urban.org/sites/default/files/complete_toolkit_dec_2013_0.pdf)

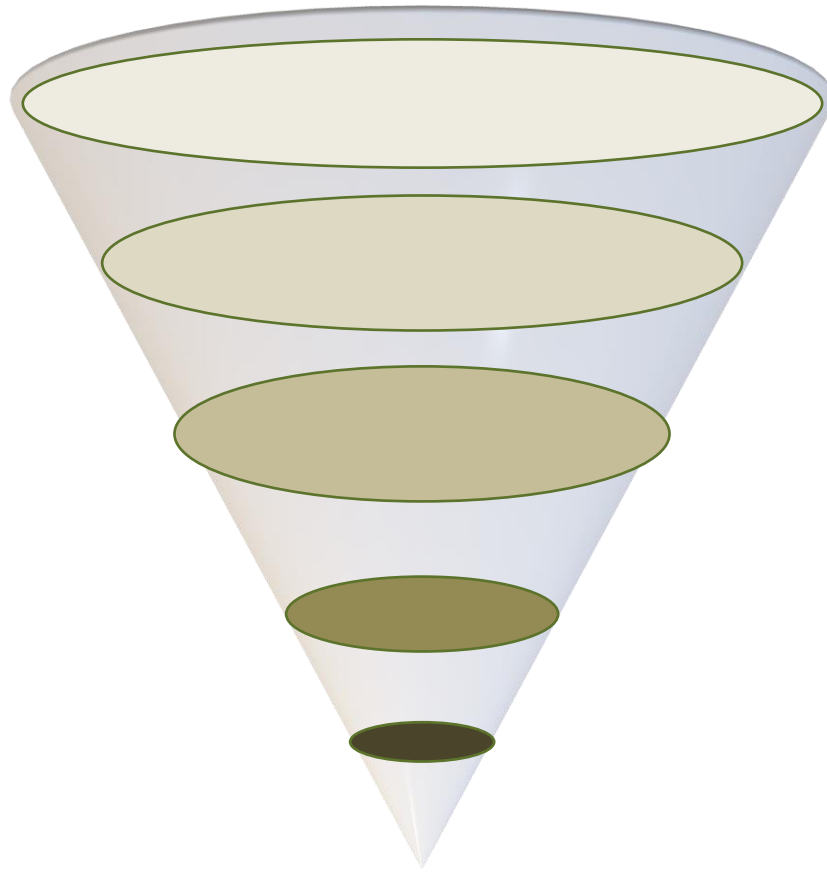
# Intercept 5: Community Corrections

- Specialized Mental Health Probation
- Medication-assisted treatment for persons re-entering from prison
- Forensic Assertive Community Treatment (FACT)
- Access to recovery supports, benefits, housing, and employment



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# The Need to Address Racial Disparities in Admission to CJ Diversion programs

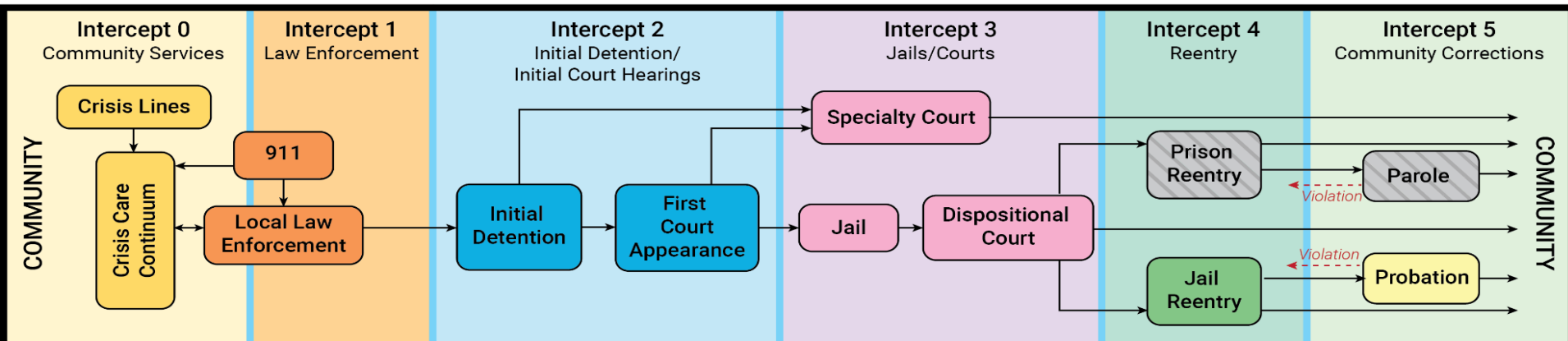


# Sequential Intercept Mapping:

- What it is.
- How it works.
- Who does it.

# Sequential Intercept Mapping Workshop

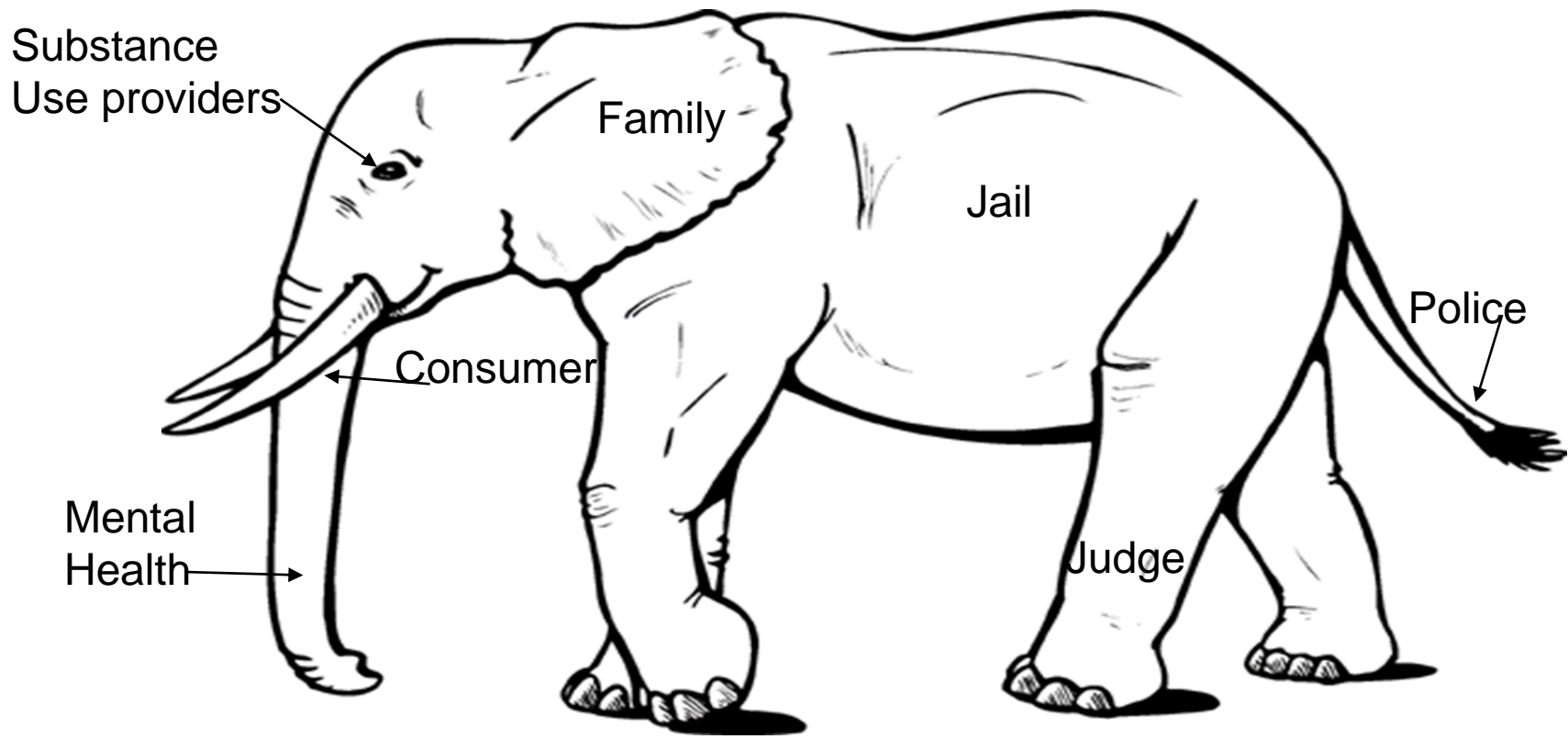
- I. Developed by Policy Research Associates (PRA).
  - Uses PRA process, tools, and materials.
- II. Led by trained, knowledgeable facilitators
- III. Involves a local community collaboration coming together for 1 ½ days
  - Develop a map of the local MH/SA/CJ & crisis systems
  - To methodically examine each level of the CJ system to identify
    - Opportunities for diversion
    - Gaps to be filled
    - Resources that could be tapped
  - To set priorities
  - Develop an actionable plan



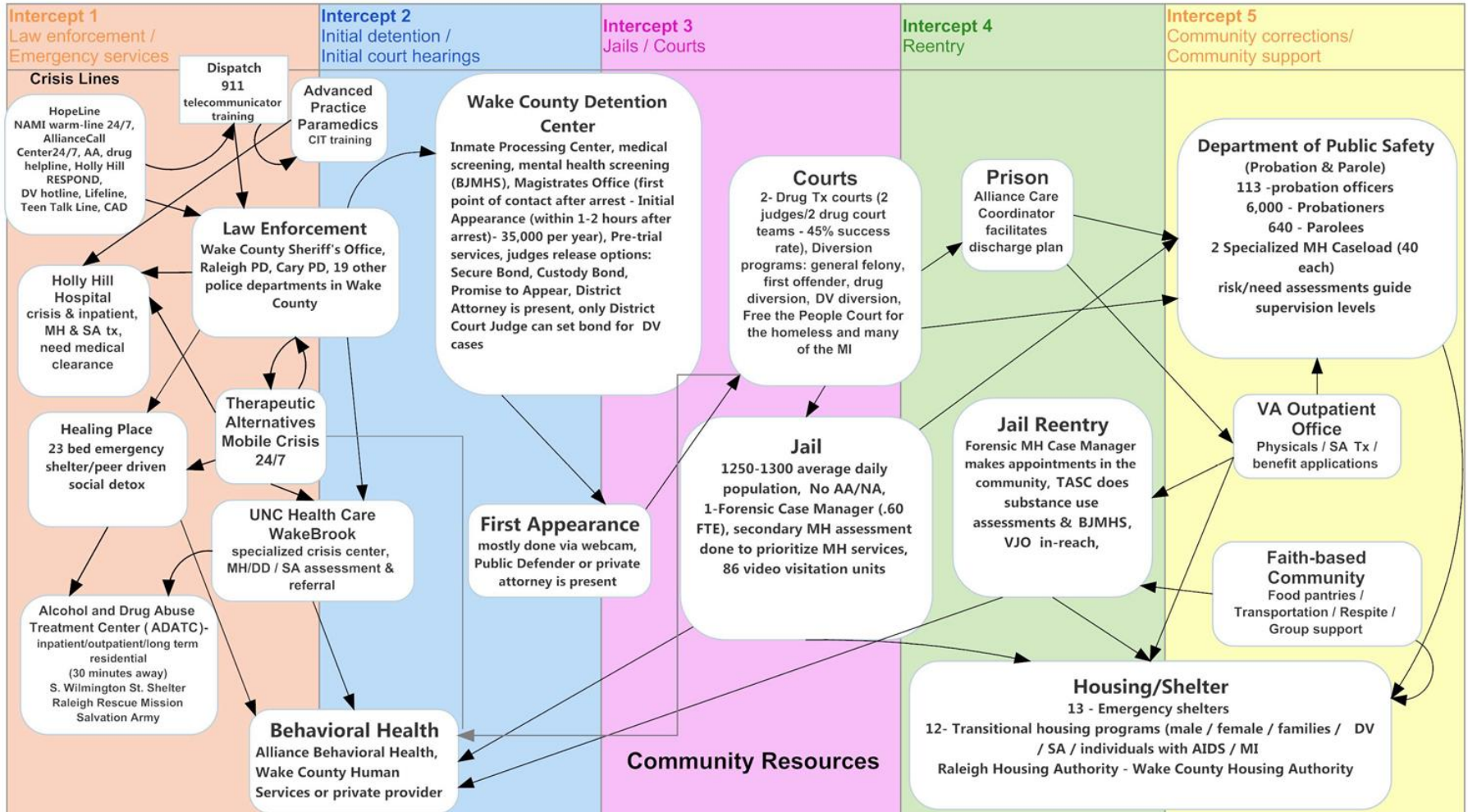
# The Process

- Preparation – Community collaboration questionnaire
- Pre-workshop planning
- The 1 -1 ½ day workshop with all key players present
  - Helps everyone see the “big picture” and how they fit within it
  - Helps diverse groups from various systems understand where/how everything fits
- Gather information about each intercept
  - Descriptive information and data
  - Identify gaps and identify opportunities
- Build a systems map of your local community.
- Develop consensus about priorities.

# Collaboration Across Systems is Critical: We All Have a Piece of the Puzzle



# Sequential Intercept Map – Example





# Action Planning

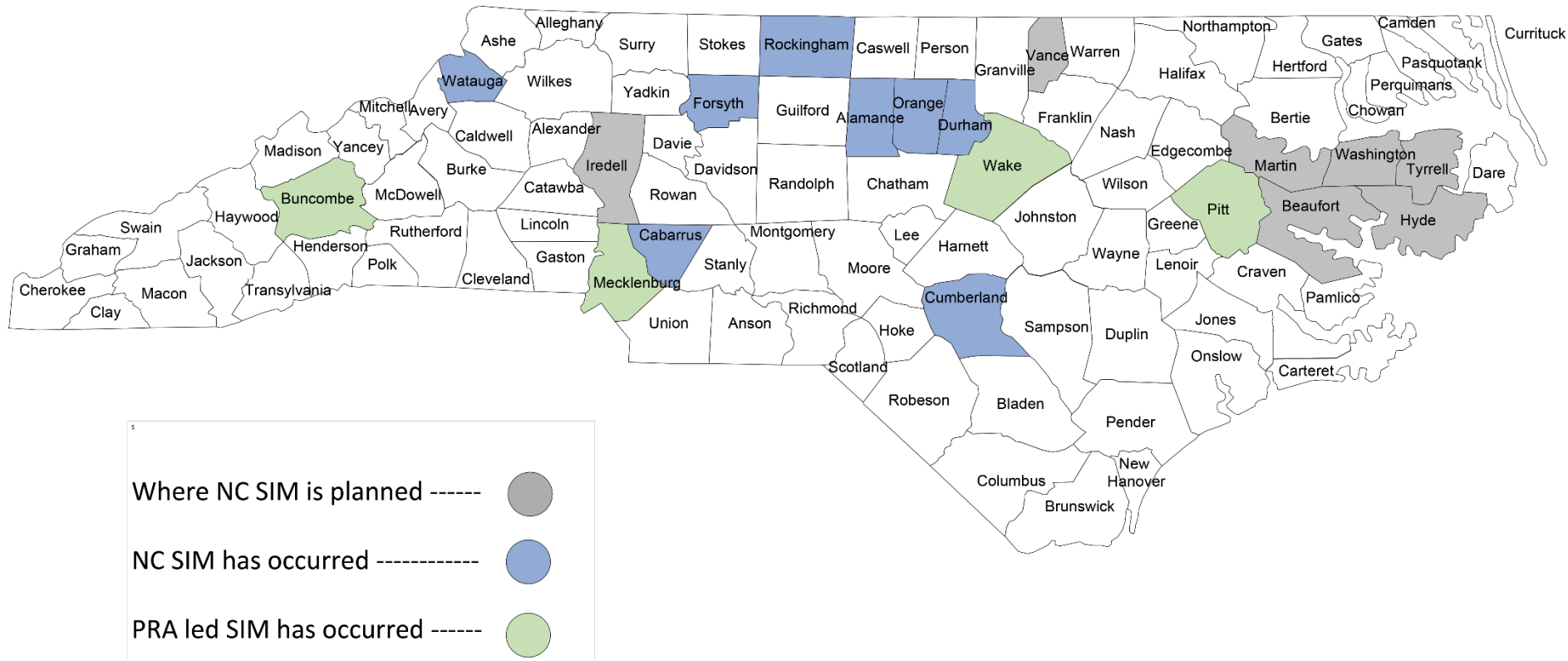
Priority Area			
Objective	Action	Who	When

# The End Result

- An analysis of resources and gaps at each intercept.
- A sequential intercept map of your local system.
- A written report that includes:
  - A detailed and actionable plan agreed upon by all partners.
  - Clear priorities for where to begin.



# Where Sequential Intercept Mapping has occurred in North Carolina



# Sequential Intercept Mapping (SIM) to address the opioid crisis



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## SOLICITATION FOR APPLICATIONS

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### Sequential Intercept Mapping Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use

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PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY TO ENSURE THAT WE HAVE SUFFICIENT BACKGROUND INFORMATION ON YOUR COMMUNITY AND THAT THE APPROPRIATE LEVEL OF COMMITMENT AMONG KEY STAKEHOLDERS IS CLEARLY DEMONSTRATED.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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**PLEASE RETURN THIS APPLICATION VIA E-MAIL OR POSTAL MAIL BY December 20, 2019:**

Attn: Matthew Robbins, Training Coordinator  
E-mail: [mrobbins@prainc.com](mailto:mrobbins@prainc.com)  
Phone: 1.800.311.4246 or 518.439.7415 Ext. 5234

SAMHSA's GAINS Center  
Policy Research Associates, Inc.  
345 Delaware Avenue  
Delmar, NY 12054

# Two Objectives of SIM to address the Opioid Crisis

1. To encourage counties to organize their efforts within a cross-system, shared infrastructure that is driven by a common vision; and
2. Assist counties in selecting priorities to guide local efforts, based on evidence-based or best practices.



# Key Differences between SIM for SPMI and SIM for Opioids

- Opioid SIM places greater emphasis on “intercept 0” and focuses on regulation
- SIM for Opioids and SIM for SPMI have different goals.
  - SIM for opioids aims to reduce opioid overdose deaths.
  - SIM for SPMI aims to reduce their CJ involvement
- Addresses biases about people with opioid use disorder. Includes a training component in which addiction as a brain disease is articulated.
- Critical role of medication-assisted treatment (MAT) is stressed
- Different stakeholders may be invited

# Status of Opioid-focused SIM in NC

- SIM is a proprietary product developed and owned by PRA. We have about 20 people state-wide trained by PRA on providing SIM workshops, but none who've delivered opioid-focused SIMs.
- PRA has developed and is marketing an opioid focused SIM.
- PRA is developing a Train-the-Facilitator training on Opioid-focused SIM.

# RESOURCES

For information on the Stepping Up Initiative: <https://stepuptogether.org/>

Council on State Government's Justice Center: <https://csgjusticecenter.org/>

Policy Research Associates: <https://www.prainc.com/what-is-jail-diversion/>

To arrange for Sequential Intercept Mapping in your community:  
[NC.SIM@dhhs.nc.gov](mailto:NC.SIM@dhhs.nc.gov).

Sequential Intercept Mapping: Developing systems-level solutions to the opioid epidemic.

<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800192>

Robert Kurtz, Ph.D. at [Bob.Kurtz@dhhs.nc.gov](mailto:Bob.Kurtz@dhhs.nc.gov)



# Panel: The Sequential Intercept Model at Work in NC and How COVID-19 has Affected SIM

*Margaret Bordeaux*

**Strategic Community Opioid Response (SCOR)  
Detention Facility  
Medication Assisted Treatment (MAT) Program**

***Sheriff Quentin Miller &  
Sarah Gayton***

# County Demographics

Population: 262,939 (2020)      Area: 660 mi<sup>2</sup>

Federal Classification: Urban (Prolific rural communities)

6 Municipalities

11 LEO organizations (Municipalities, Education Campuses, Airport, BCSO)

2 Prisons; 1 Detention Facility

## Detention Facility

Location: Downtown Asheville – City Center/Court Complex

604 Beds (Male and Female)

Average Daily Population: 560 Pre-Covid-19

Average Daily Population: 380 Current

Bookings 2019: 11,289 Bookings Year to Date: 8,020 (12/7/20)

☐ ± 94 arrests/month reporting opioid/MAT use (66 unique persons)

☐ ± 25 arrests/month reporting MAT use (20 unique persons)



# Buncombe County Detention Facility (BCDF) and Death Records Analysis 2019

- 63% of registered opioid-related deaths had a detention booking history
- 54% of the above died within 1 year of release
- 22% died within 3 months of release
- 51% of bookings, were detained less than 24 hours



# Data Findings

**Averages from 14 months of data (July 2019 - August 2020)**

## ☐ **MAT Average Length of Stay (Continuation Population)**

- 17% released within < 1 day
- 31% released within < 48 hours day
- 51% released within 3 days

## ☐ **Recidivism**

- **Untreated opioid use:** 30% recidivate
- **MAT use:** 12% recidivate



# Services Provided

Report of opioid use and/or MAT	Medical Intake	Continuation	Induction Determination
<p>Harm Reduction and Resource Sheet</p> <p>Peer Services Referral</p> <p>Overdose Kit</p> <p>Timeline: Booking</p>	<p>OUD Screening</p> <p>Harm-reduction education</p> <p>MAT education &amp; facility MAT referral</p> <p>Peer Linkage to Care: self-referral</p> <p>Detox protocol</p> <p>Timeline: 4 hours post-booking</p>	<p>Continuation of buprenorphine</p> <p>Transition option from methadone to buprenorphine</p> <p>Wellness</p> <p>Recovery Action Plan (WRAP) &amp; Peer Support</p> <p>3-5 days of medication at release</p> <p>Timeline: 2-3 days</p>	<p>History &amp; Physical w/ Linkage to SA/MH/PCP</p> <p>Linked to a community MAT provider</p> <p>Started on buprenorphine; medication at release</p> <p>Peer Navigation: 1-year post-release support including resources for housing, transportation, employment, etc.</p> <p>Timeline: <math>\pm</math> 2 weeks</p>

**CONTINUATION  
&  
INDUCTION  
PROGRAM  
PARTICIPATION  
DEPENDENT ON  
ELIGIBILITY  
CRITERIA**





### Linkage to Community Services

Buncombe County Detention Facility has partnered with Sunrise Community for Recovery and Wellness (Sunrise) and the Buncombe County Health Department to provide **free** Peer Support to those recently released from jail.

The purpose is to help people improve their health, safety and wellbeing by connecting them to free resources.

These peer support specialists can work with participants for up to 1 year to help them get back on their feet.

Programming can be started while in detention by completing and returning this form to Medical or Programs staff.

**Services Offered:** Peer support, linkage to treatment, recovery and harm reduction services. Assistance with transportation, obtaining ID, applying for housing, employment and education resources, benefits, and payment assistance.

**Contact:** Sunrise Peer Navigators  
Community Peer (828) 301-4986 or Detention Peer (828) 545-2495

#### CONSENT:

☐ Yes, I am interested in this program, and give permission to Buncombe County Detention Facility staff to pass this sheet to Sunrise. I understand that Sunrise will attempt to contact me using my information below, to follow-up on this **free service**.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Booking Number \_\_\_\_\_

Sunrise Community for Wellness and Recovery

50 S French Broad Ave, Asheville, NC 28801

(828) 552-3858

To better understand your needs, please complete the below survey.

Check the appropriate boxes, and circle yes, no, or N/A (not applicable)

	Is not an issue	Some Difficulty	Serious Difficulty	I would benefit from assistance	I can resolve on my own	I've sought help in the past (Circle answer)
Employment						Yes / No / N/A
Transportation						Yes / No / N/A
Financial Resources						Yes / No / N/A
Housing						Yes / No / N/A
Health Do you have health insurance? Y / N						Yes / No / N/A
Legal						Yes / No / N/A
Substance Use (For me or someone close to me)						Yes / No / N/A
Did you or someone close to you overdose within 72 hours of arrest?						Yes / No / N/A

What do you feel are the two main things that you will need help with once you are released to be safe and healthy?

I anticipate being here for approximately the next (check box or write in your anticipated timeline):

Day ☐ Week ☐ Month ☐ 3 months ☐ 6 months ☐ Transfer to Prison or other facility ☐

\*If you are released from BCCDF to another facility, please reach out to Sunrise when you return to the community.

**Essential documents** I have essential documents such as my: ID, Social Security Card, Birth Certificate, etc. Y / N Need \_\_\_\_\_

☐ Right now I am not interested in this program. I understand that if I change my mind, I can reach out (even after release) to request this free support.



## PROGRAM BASICS

### PROGRAM CRITERIA

#### Continuation/Induction Criteria

- Participant interest
- Medical clearance
- Stability: behavioral/mental health
- Anticipated community release within 3 months
- Sentence is < 2 years

#### Continuation: methadone

- Continuation if pregnant
- Buprenorphine detox protocol
- Transition to buprenorphine option (Transition within 1 week)

### DOSING

#### While detained:

##### Continuation/Inductions:

- 8mg buprenorphine mono product
- Pregnant/Methadone: Per MD

#### MAT medication provided at release:

- New inductions: 3-5 days, 8mg mono product of buprenorphine
- Continuation: 3-5 days of community level/form of buprenorphine





# Funding

## **Year One: NCHHS Grant (July 2019)**

Buncombe Health Department: Overdose Kits  
Community Grants for overlapping services

## **Year Two: Medical Contract (July 2020)**

NCHHS Grant  
Community Grants for overlapping services

**Goal:** Sustainable programming through local funding



# Covid-19 Programming Impacts

**Pre-Covid: December 2019- March 2020**

## **Group Programming**

- Seeking Safety and Prime for Life
- WRAP (Wellness Recovery Action Plan)
- Reentry Navigation and Resources
- Medication Assisted Recovery Anonymous (MARA)
- Narcotics Anonymous (NA)

**Case Management/Peer Support** on housing

**Dosing:** Day shift in Medical Unit

**Higher:** 1) volume of arrests 2) daily population 3) those reporting opioid/MAT use 4) length of stay

**Post-Covid: March 2020 – Current**

- **Group programming** suspended
- **Movement restrictions** impacted medical capacity
- **MAT** interventions provided during routine medical timelines
- **Peer Navigator** is nested in Medical Unit
- **MAT dosing:** 4:00AM conducted on housing
- **Lower census** enabled program expansion of inductions (at release orders)



# Game Changers

**Community Advisory Panel:** Program feedback from those with lived experience

- **Increased access** for induction criteria
- **Changed our understanding** of success measures
- **Expanded our perspective** and approach to the work
- **Informed our future program goals**

☐ **Covid-19:** Forced creative thinking and retooling of program for increase of service delivery

☐ **Partnerships:**

- **Find** organizations with parallel/complimenting objectives
- **Leverage** existing resources
- **Explore** expansion of needed resources through collaborations



- **Start Today:** ‘Easy-lift’ mentality
  - ✓ **Tally** (how many with history of opioid use are arrested/detained)
  - ✓ **Develop/Provide** handouts/resource sheets
  - ✓ **Inquire** about naloxone from your LME/MCO/Health Department/local Harm Reduction Organization
- **Program fluidity** within facility parameters
- **Data:** It tells the story and informs the program development
  - Census of those who use opioids/MAT
  - Detainment length of stay
- **Sequential Intercept Modality:** Where are the system intercepts in which programming can be more easily integrated?
  - **Booking/Release** (Mechanism for overdose kits/resources)
  - **Medical Screening/Intake/Appointments** (Secure SUD assessments)
  - **Court/Attorney/Probation** meetings



# Buncombe County Opioid-Related Works

- **Historical Narrative:** *Exploring the Opioid Epidemic, Register of Deeds*  
<https://storymaps.arcgis.com/stories/568b200b6e7e45d0a1f2f76cf2b809be>
- **Buncombe County Opioid Public Safety Communications:**  
<https://www.buncombecounty.org/governing/depts/hhs/initiatives/closer.aspx>  
<https://www.buncombecounty.org/governing/depts/hhs/initiatives/safer.aspx>  
<https://www.youtube.com/watch?v=yProaKyuwFo&feature=youtu.be>
- **Opioid MAT Collaborative Roundtable:** Expanding WNC opioid treatment access
- **Care Team:** Multidisciplinary team with the mission to reduce suffering related to substance use



**Quentin Miller, Sheriff**

**21<sup>st</sup> Century Law Enforcement  
Procedural Justice**

**Sarah Gayton**

**Community Integration and MAT Services Director**

**[Sarah.Gayton@buncombecounty.org](mailto:Sarah.Gayton@buncombecounty.org)**

**828.250.4585**



# Law Enforcement Assisted Diversion

***Melissia Larson***

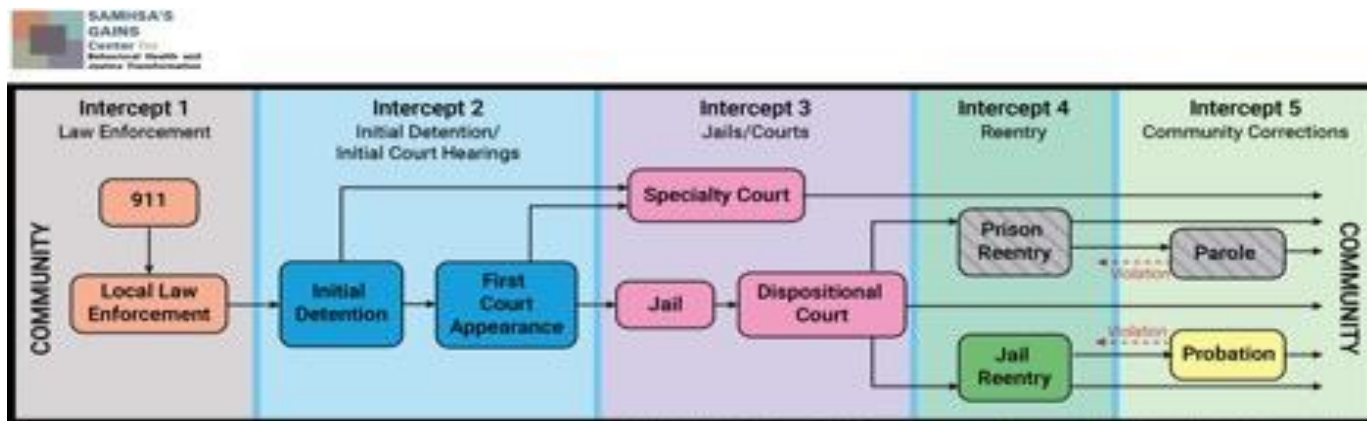
# Program Overview

- LEAD is a program built upon partnerships with stakeholders within the community; to include the District Attorney's Office, the local treatment providers, LME/MCO's, and harm reduction/peer support partners.
- LEAD is not about creating entirely new programs; it is about bringing existing stakeholders together who have a common goal of reducing crime and connecting people with substance use disorders to treatment and supportive services.
- Provides a warm hand-off to local treatment and supportive services



# Pre-Arrest Intercept

- The overarching goals of pre-arrest diversion are to address behavioral health needs within a community-based model versus within the traditional criminal justice system.
- LEAD sites experience at least a 60% reduction in criminal justice involvement among their participants as they engage in treatment and supportive services available to them through the program.
- Participants have a higher level of engagement in treatment and/or supportive services. The value of peer support 😊



SAMHSA's GAINS Center. (2013). Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

# Impact of COVID-19

- We have experienced a decrease in participants engaging in services
- Participants have experience economic barriers, changes in hours at providers, and isolation
- We have maintained steady communication with our project partners to share their revised hours and procedures with our participants
- Altered how we provide harm reduction services to maintain social distancing, shared virtual recovery group information, and worked with participants on increasing self-care (goal setting, filling your time)

# Connect

- **Current sites:** Fayetteville Police Department, Wilmington Police Department and the New Hanover Office Sheriff's Office, Hickory Police Department and the Catawba County Sheriff's Office (along with 5 smaller agencies), Waynesville and Canton Police Departments, Statesville and Mooresville Police Departments, the Burke County Sheriff's Office and the Morganton Police Department.
- **Upcoming sites:** Jacksonville Police Department, Watauga County Sheriff's Office
- **Treatment Partners:** Coastal Horizons, Carolina Treatment Center, Meridian Health Services, Appalachian Community Services, ARMS, Catawba Valley Behavioral Healthcare, Carolina Outreach.....

Melissia Larson    [mlarson@nchrc.org](mailto:mlarson@nchrc.org)    [www.nchrc.org](http://www.nchrc.org)

# Re-Entry Systems for Effective Treatment (RESET)

*Michelle Gunn*

# RESET Program 2.0

- **Goals:**

- Reduce recidivism among project participants by decreasing alcohol/drug use & thus increase the safety of NHC.
- Reduce the health, social, & economic costs of substance use & co-occurring disorders.

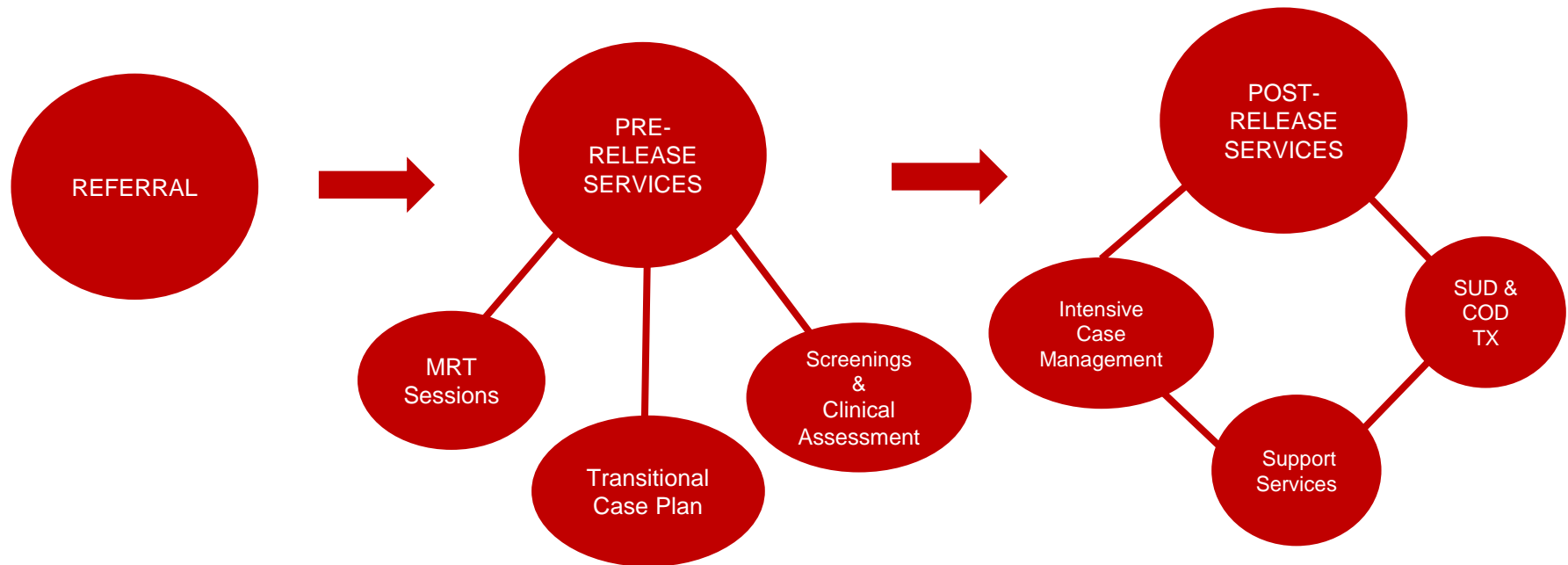
- **Target Population**

- 18-years old +
- Women & Men
- SUD or COD
- Serving at least a 3-month sentence OR a 30-day probation violation sentence in the New Hanover County Detention Center

- **Program Structure**

- 9-12 months in length

# Re-Entry Systems for Effective Treatment (RESET) Program 2.0



SOMEONE'S  
BUDDY

SOMEONE'S  
SON

SOMEONE'S  
LIFELINE

SOMEONE'S  
SISTER

# THANK YOU!



Michelle Gunn, RRS/RESET Director  
[mgunn@coastalhorizons.org](mailto:mgunn@coastalhorizons.org)  
910-524-1502



# Wrap up and THANK YOU!

**Alan Dellapenna**, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page

- <https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory>
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**Next Virtual OPDAAC Meeting: Friday, January 22, 2021**

*Theme: Racial Equity*